



MAY 24 2005 3:47PM

AVENTIS US PAT DEPT

NO. 5538 P. 2

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27546 7590 04/28/2005

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Maribel Mendez BRIDGEWATER, NJ 08807 (Name)
Maribel Mendez (Signature)
5-24-2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	IN CONFIRMATION NO.
10/729,313	12/05/2003	Marco Baroni	IVD 971-3	1363

TITLE OF INVENTION: USE OF BENZOYLALKYL-1,2,3,6-TETRAHYDROPYRIDINES

TITLE OF INVENTION: USE OF BENZOYLALKYL-

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS	EXAMINER
MORRIS, PATRICIA L	1625	514-277000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Balaram Gupta

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, this document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sanofi-Aventis
Reel/Frame: 010142/0440

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paris, France
Dated: August 5, 1999Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private organization ☐ Government agency or foreign government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2) and 1.27(f).

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Authorized Signature: Balaram Gupta

Date: May 24, 2005

Typed or printed name: Balaram Gupta

Registration No.: 40,009

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

PAGE 212 * RCVD AT 5/24/2005 3:40:15 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-2/0 * DNIS:7464000 * CSID:908 231 2626 * DURATION (mm:ss):01:12

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03 FC:8001 9.00 DA

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AVENTIS US PAT DEPT

NO. 5538 P. 1

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/729,313
	Filing Date	December 5, 2003
	First Named Inventor	Marbo Baroni, et al
	Art Unit	1625
	Examiner Name	Morris, Patricia L.
	Attorney Docket Number	IVD971 US CNT
Total Number of Pages in This Submission	2 pgs	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Firm Name	AVENTIS PHARMACEUTICALS INC.		
Signature			
Printed name	Balaram Gupta		
Date	May 24, 2005	Reg. No.	40,009

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Typed or printed name	Maribel Mendez
Date	May 24, 2005

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